

Minutes of the Board Meeting

Date / time: 28th September 2022, 4.00pm

Venue: Via Zoom

Present: Acting Chair: Philippa Brice (PB)
Non-Executive Directors: Jonathan Wells (JW), Saqib Rehman (SR), Ellie Addison (EA), Chelsia Lake (CL), Chris Palmer (CP), and Laura Beer (LB).
CEO: Sandie Smith (SS)
Minute taker: Carole Rose

Apologies: Stewart Francis, Nadia Emmony and Johnny Hebron

Introduction and apologies

1. PB welcomed all Directors, management team and members of the public to the meeting, and explained why she was chairing the meeting on this occasion.
2. There were three apologies for this meeting.

Declarations of interest

3. There were none declared relating to the agenda.

Minutes of the previous meeting

4. The minutes of meeting on 29th June 2022 were reviewed and the Board agreed that the minutes were a true and accurate record.

Action log

5. PB advised that all actions from last meeting are completed or in progress.
6. SS updated an action about the patient transport service. We have been unable to identify an area in the country where there is a good service, all local Healthwatch are reporting problems. PB commented that although this is sobering, it is also reassuring that we are not especially lacking in this area alone. As there is no best practice to reproduce we need to create our own but this process has underlined that it is not an easy problem to solve.

7. Member of the Public (MoP) Cllr Philippa Slatter commented that the need for improved patient transport needs to be fed into the current Greater Partnership consultation. SS confirmed that we have been lobbying about having a strategic joined up solution around community transport, and the ICS will be looking at a new solution in Cambridgeshire and Peterborough, which we will be involved in.

Reappointment and retirement of Non-Executive Directors

8. PB commented that this item is always a bitter-sweet one. The bitter being that we must regrettably say goodbye to both Nadia and Jonathan, who are both fantastic Directors but have come to the ends of their terms of office, so need to step down. We say a massive thank you to Jonathan and in her absence to Nadia as well for their incredible work on our behalf, and that of patients as well.
9. Fortunately, Saqib has kindly agreed to stay on for a second term as a Non-Executive Director, so thank you to him too, as we are very relieved to be keeping his expertise.
10. JW thanked everyone he has worked with at Healthwatch for being great colleagues for the last six years; he has really enjoyed his role and is proud to have been part of our Healthwatch. Although he is stepping down from the Non-Executive Director role, he will still be involved as coordinator of Rethink and as Chair of the SUN network which is a very active mental health voice organisation so the overlap with Healthwatch will still be there and he will be sure to pass information on even though he'll no longer have the Healthwatch hat on. He updated that SS had given him a cricket related present from everyone and a card as well so he thanked everyone very much and hopes to see us soon.
11. PB confirmed that we look forward to continued interaction with JW in other areas.
12. PB advised that we do have a rolling timetable of current Board members and their terms of appointment, and every time we get new members they bring fresh perspectives and skills to the Board.

The Board noted the retirement of Jonathan and Nadia and approved the reappointment of Saqib.

Health and Wellbeing/Integrated Care Partnership Strategy engagement

13. PB introduced Kit Connick, who is Director for Partnerships and Strategy in the new ICS, so is very much concerned with engagement and related issues.
14. Kit thanked the Board for inviting her and confirmed that the ICS has agreed at system level to have an aligned Health and Wellbeing system strategy. This means that they are working very closely with local authority colleagues. Kit used a presentation about the ICS engagement work, it is available on this link: [ICS Presentation](#)
Kit is happy for us to share this.
15. The presentation explained the local ICS, including partners. It also set out the inequalities that the ICS is trying to address for people in our area (including hidden inequalities) and the integrated approach across the north and south areas planned to tackle these.
16. Kit outlined the new ICS 'Let's talk' campaign, to introduce and ask people about their four priorities. The ICS understands that the communities need different approaches to be able to reach everyone and tackle inequalities.
17. Kit explained that the ICS is trying to listen, understand, work together with people where they live, and know what is already in place in communities to build on. Most importantly they want to rebuild the trust between the NHS and the wider service, particularly to primary care. Let's Talk is about giving people the reassurance that they are listening.
18. The ICS is aware of the barriers and lack of trust from the public. There will be a range of ways for people to give their feedback for the 'Let's talk' campaign, which has 19 questions with a focus on: how things are now, how people want to access services, and how they can be assisted to live well in the future.
19. PB asked how the survey is being promoted, delivered and signposted to. Kit explained that there is an online link now, a printed version to be taken to GP surgeries and community services. There is a support pack explaining the service and directing them to the website as well. They are planning to have an accessible video in a range of languages which can be shared on social media as well.

20. MoP Hoodah Abdullah commented that surveys and consultations normally have to be searched for, so if you don't actually know about them they will be missed. She also hoped the ICS had included open 'free text' opportunities in the survey. She suggested Instagram, Twitter and Facebook links would increase involvement from younger people, and for older people the printed copies are probably best. She was however concerned that after COVID there is far less printed material for people to pick up, particularly in GP surgeries - how was this being tackled? Kit responded that there are free text areas in the survey as a blend of both is needed to provide a richness of data.
21. CL asked for clarity on how this campaign will reach all areas of the community. Kit explained that the ICS will be using all major social media channels linking to their website, as well as printed copies. Members of the ICS are also attending existing groups to speak to them and promote the campaign - this is a multi-faceted approach, gathering information through discussion as well as publicising the survey.
22. CP commented that from a branding perspective this is about building trust locally, as people need to be clear that it is the local NHS asking these questions not a bureaucratic agency, noting also that local area plans have lots of health and wellbeing approaches and are also asking for comments so this could be seen as overload, he suggested using the local libraries to gain engagement. Kit thanked CP for raising these points, but assured the Board that the ICS is having conversations with local and district councils to share information. They recognise that the challenges are so significant that they can only be tackled by working together.
23. MoP Cllr Philippa Slatter commented that she has seen various surveys etc. in libraries, so she knows these are used, and suggested picking particular issues to attract attention such as 'can your Granny get to the GP?'. She has found that the word 'survey' is off-putting for a lot of people, so leading questions may grab attention, plus the idea of doing it for someone else's benefit really works. She also said not to forget the councillors as they do talk to a lot of people, and wanted to know what level the ICS is meeting the councils at. Kit responded that she was attending a council development session with a wide range of people, 40-50 in total attending.

24. PB asked if the ICS will be using paid social media promotion, and what the timescales were. Kit said she would check out the paid media suggestion and said that the survey would be launched in October. The first draft of the strategy will be available later in the year, but engagement would continue beyond this.
25. SS advised that the Healthwatch engagement team will be taking printed versions of the survey out with them and a QR code to the survey will also be available through the team.
26. PB thanked Kit for attending, the informative presentation and reassurance about the ongoing engagement aspect.

Chair's report

27. PB provided the report as acting Chair in Stewart's absence.
28. PB reiterated her thanks to the outgoing NEDs and reminded the Board that we are seeking new Board members now and the importance of varied experience. She asked the Board to feel free to encourage potential new NEDs to come forward.
29. PB advised the Board that CEO Sandie Smith has decided to retire next year, but that she has provided advance notice of this to facilitate a smooth transition, which is much appreciated. This will ensure we have a good recruitment process and handover period with her successor.
30. The Board is continuing to engage with the ICS and attends many meetings with them. Healthwatch has a non-voting seat on the Integrated Care Board and PB is standing in for the Chair at the moment to maintain this presence.

The Board noted the Acting Chair's report.

Chief Executive's report

31. PB introduced the CEO report. SS thanked PB for stepping into the Acting Chairs role. SS took the report as read, and flagged highlights for attention.
32. During the summer period (June to August), the Engagement team attended 44 events. We are seeing more feedback as a result of more face-to-face events. More people are wanting to tell us of the difficulties they are facing about waiting lists, difficulty seeing GPs and

NHS dentists. We are going to be recruiting more volunteers to assist with future events.

33. Section 28 of the report gives the top five themes that people are telling us about, and we are always happy to provide a further breakdown or detail when organisations request this.
34. SS explained how we want to develop structured feedback across other voluntary sectors to add to our reports by developing integrated neighborhoods and feed into the ICS at a grass-roots level.
35. We monitor the impacts of our work and this is detailed in section 30 which shows areas that we have had a direct impact on services. Two projects are ongoing while others have now been completed, and we are pleased with the outcomes from these.
36. CP asked about the responsibility for NHS dentistry in the new ICS arrangements. SS responded that the funding for dental services will be coming to the ICS, but it doesn't have the money yet from NHS England and this won't happen until next year. She agreed that workforce development is vital and has been in contact with the chair of the ICS People Board about this.
37. Cllr Philippa Slatter commented that she has seen a reference to the National Citizenship Service for young people and she is interested to know what this is. CTJ explained that the engagement team is working with this group and had been invited to attend a large group workshops and residential programs involving up to 200 people. This was a great opportunity for us to gain feedback from this group.
38. Cllr Philippa Slatter asked about the ReSPECT programme and end of life care, as she had expected to see more about this in the report. SS responded that we do a large amount of work on this area and it was Healthwatch that started the campaign to get a ReSPECT training programme set up. AA and LB are part of the palliative and end of life steering group and working with Sue Ryder and Arthur Rank Hospice Charity. LB added that Sue Ryder have been doing a lot around grief and bereavement cafes in Rutland, and they plan to meet with her when the trial ends to see if we can help them roll it out in Cambridgeshire and Peterborough. LB also attended parliament for their announcement on national bereavement support, and we will be doing some work with them during National Bereavement Awareness week in December. Sue Ryder have also attended the Partnership

Board meetings to talk about the hospice movement for people who do not access hospice care.

39. SR commented that the figures are great when you consider all the external factors in the last few months and we can see clearly how the efforts of the engagement team are clearly being demonstrated in the impacts. SR suggested that we send the figures to Kit to highlight sections 17 and 18, which talk about the different groups that we have access to as the scope is phenomenal. SS responded that we have funding to recruit an ICS project manager to fulfil this role.
40. LB thanked SS and the team for their work and getting out their and being in the media on Look East and the ITV news in particular.
41. Cllr Philippa Slatter asked how useful we have found the role of the council connectors to be. SS responded that it is always helpful to have a good relationship with the local authorities, ICS and other health professionals so we do know the connectors and we find them to be invaluable.

Action: SS to send highlighted section 17 and 18 to Kit for information.

The Board noted the Chief Executive's report with thanks.

Communications report

42. PB introduced the report written by AR, and presented by SS on her behalf. AR has been working on her own for three months now and has been very busy with the engagement teams, as well as ensuring the websites are up to date and the reports that we produce are accurate, easy to read and informative as well. There has been a lot of social media activity linking in to national campaigns, and we have developed a good way of working with HW England and supporting them.
43. AR also works with the comms teams at the local authority and at the ICS to ensure we have good relationships with them to portray the reality of peoples experiences as we do have more freedom than these statutory organisations to do this.
44. We are advertising for another Communications Manager (Digital and Media) post to fill the communications vacancy, as we have hope this expertise will help build further local media and press engagement. This is valuable to express the concerns of local people as well as to build the Healthwatch profile.

45. PB commented on the figures for the newsletter, which has an open rate of over 50% – well above the industry average, and very impressive.

The Board noted the Communications report with thanks to AR.

General Purposes Group (GPG) report

46. SR introduced the report along with the financial position and took the report as read. He pointed out that we are still awaiting the core grant funding from CCC. SS commented that we have received information that it is a technical difficulty, but she confirmed that we are reaching crisis point in relation to this funding issue. Cllr Philippa Slatter offered to raise this at the next council meeting, as it is a serious concern.

47. SR drew attention to the risk register and a couple of changes made on there around the COVID risk which is now under the general heading of 'Epidemics and other diseases'.

48. PB thanked the GPG, who meet to go into the details of HR and finance items and then bring pre-scrutinised recommendations to the Board

The Board noted the report.

Any other business

49. PB confirmed that no questions had been submitted by the public in advance of the meeting.

50. PB thanked everyone who attended. The AGM will follow at 18:30 hrs.

Meeting closed at 18:20 hrs.